

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH – HEALTH REGULATION & LICENSING ADMINISTRATION**

APPLICATION FOR LICENSURE BY REINSTATEMENT OR REACTIVATION



Health Regulation and Licensing Administration
899 North Capitol Street, N.E.; 1st Floor
Washington, DC 20002
Email: dc.bon@dc.gov

DISTRICT OF COLUMBIA BOARD OF NURSING

Your interest in reinstating your license in the District of Columbia is welcomed. We look forward to providing expedient and professional service. However, the quality of our service is dependent on the completeness of your application. Please read the instructions carefully.

Follow the instructions provided below and complete all sections. If you require more space to provide explanations for screening questions, attach typed responses to the application.

THE APPLICATION PROCESS

The District of Columbia Board of Nursing will review your application. You will be notified, if your application is incomplete or otherwise deficient. Upon final approval, you will be able to verify your licensure status at <http://app.hrla.doh.dc.gov/weblookup/> and you will be issued a license to practice in the District of Columbia. Send your questions to dc.bon@dc.gov.

REINSTATEMENT OF AN EXPIRED LICENSE

REINSTATEMENT OF LICENSE EXPIRED LESS THAN A YEAR

If an LPN/RN/APRN fails for any reason to renew their license, the Board shall reinstate the license if they:

- 1). Submit an application and application fee to the Board for reinstatement of the license
- 2). Submit evidence of having met the board's continuing education requirement (LPN-18, RN-24, APRN-24). (See CE options on page 5)

REINSTATEMENT OF LICENSE EXPIRED LESS THAN 5 YEAR

If an LPN/RN/APRN fails for any reason to renew their license, the Board shall reinstate the license if they:

- 1). Provide verification of licensure status (See verification options on page 3).
- 2). Submit evidence of having met the board's continuing education requirement (LPN -18, RN-24, APRN-24). (See CE options on page 5)
- 3). APRNs only: Verification from certifying body indicating current certification status (See recognized accrediting programs on page 6)

REINSTATEMENT OF LICENSE EXPIRED MORE THAN 5 YEARS

If an LPN/RN/APRN fails for any reason to renew their license, the Board shall reinstate the license if they:

- 1). Submits licensure verification indicating a current active licensure status or evidence of having completed a board-approved refresher course. (See verification options below on page 3)
- 2). Submit evidence of having met the board's continuing education requirement (LPN-18, RN-24, APRN-24). (See CE options on page 5)
- 3). APRNs only: Verification from certifying body indicating current certification status (See recognized accrediting programs on page 6))

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DEPARTMENT OF HEALTH – HEALTH REGULATION & LICENSING ADMINISTRATION**

APPLICATION FOR LICENSURE BY REINSTATEMENT OR REACTIVATION

REINSTATEMENT OF LICENSE FOLLOWING BOARD OF NURSING DISCIPLINE

If the Board has suspended or revoked the licensure status of a LPN/RN/APRN the applicant must:

- 1). Submit evidence of having met the board's continuing education requirement (LPN -18, RN-24, APRN-24). (See CE options on page 5)
- 2). Provide evidence indicating compliance with board order.
- 3). APRNs only: Verification from certifying body indicating current certification status (See recognized accrediting programs on page 6)

REACTIVATION TO ACTIVE STATUS

LPN/RN/APRN who has requested to have their license placed on inactive status may reactivate their licensure status by submitting:

- 1). Evidence of having met the board's continuing education requirement (LPN -18, RN-24) completed two (2) years immediately preceding application date (See CE options on page 5)
- 2). APRNs only: Verification from certifying body indicating current certification status (See recognized accrediting programs on page 6)

APRNS please note: Following the reinstatement of your active licensure status you may renew your Controlled Substances Registration (CSR) at www.hrla.doh.dc.gov or (<http://doh.dc.gov/node/155142>)

COMPLETING LICENSURE APPLICATION

LICENSE FEES (Non-Refundable)

Checks or money orders should be made payable to **DC Treasurer** and submitted with your application. You may pay the license fee by a single check or money order. It is recommended that you pay by check, so that you have ready proof of payment. **Do NOT send cash.** Please print your name on your check, if it is not pre-printed.

PASSPORT PHOTO

Provide two passport-type photos of the applicant's face, measuring approximately 2" x 2". Print your name and Social Security Number on the back. Home snapshots are not acceptable.

UPDATE YOUR NAME / DEMOGRAPHIC INFORMATION

Enter your name exactly as it should appear on the license. If your name has changed provide a copy of a legal name change document, acceptable documents include a marriage certificate, divorce decree or court order.

UPDATE BOTH YOUR HOME AND BUSINESS ADDRESS, if needed

If you use a PO Box, also include a street address.

UPDATE EMAIL ADDRESS

Provide a current email address. Most of the Board's correspondence, including your DC Nurse (DC Board of Nursing's Newsletter) and renewal notices are via email.

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VERIFICATION OF LICENSURE STATUS

Verification Options

NURSYS Verification:

Complete verification on-line at www.nursys.com. Remember to select DC as the jurisdiction to which you want your verification sent. Attach a copy of your NURSYS receipt to this application.

NON-NURSYS Verification:

If your current licensure Board does not verify licensure status via NURSYS (Alabama; California; Kansas; Louisiana-PN; Oklahoma; West Virginia-PN) contact them to request documentation verifying your licensure status to be emailed to dc.bon@dc.gov

Following receipt of verification, if your application is missing additional supporting documents, the board may issue a temporary license for up to 90 days. Temporary status may be verified at <http://app.hrla.doh.dc.gov/weblookup/>.

CRIMINAL BACKGROUND CHECK

If you completed a criminal background check for licensure in DC or completed a State CBC and FBI CBC for licensure in another jurisdiction **within the last 4 years**, **an additional background check is not required**. If you **have not had** a State CBC and FBI CBC completed **within the last 4 years**, follow instructions below.

Completing criminal background check

In the DC Area:

MORPHOTRUST: L1 ENROLLMENT: Visit <http://www.L1ENROLLMENT.COM/state/?st=DC> to schedule an appointment.

Outside of the DC Area:

MORPHOTRUST: Call L1 Enrollment at 1-877-783-4187 to pay for the processing of your fingerprints and to obtain a mailing address for submission of your fingerprint card.

SCREENING QUESTIONS

If you have been convicted of a crime, been terminated due to your clinical practice or have had actions taken against your license, provide official documentation which details the outcome or current status of the case.

If you answer “yes” to any questions, please provide a complete explanation on a separate sheet of paper. If more space is required to fully answer questions, attach additional sheets with typed responses. False or misleading statements will be cause for disciplinary action and could be cause for criminal prosecution pursuant to DC Code 22-2514.

LICENSEE AFFIDAVIT

By signing the application, you are attesting under penalty of perjury, that all information and attached documents are true to the best of your knowledge.

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ADDITIONAL INFORMATION

CHECKING STATUS OF APPLICATION

Go to www.hrla.doh.dc.gov and click on Application Status or <https://app.hrla.doh.dc.gov/mylicense/>. Enter your [Social Security Number](#) and [Last Name to register](#). Establish your [User Name](#) and [Password](#). Once you have successfully logged-in click on "[View Checklist](#)". The status of your application can be viewed, only after the application has been entered into the database. As information is received or as action is taken, the information is recorded in the database and automatically posted to Status Check.

When you have been approved for licensure, this information is no longer available at this site. You will be able to view your licensure status and obtain your license number at <http://app.hrla.doh.dc.gov/weblookup/> or www.hrla.doh.dc.gov and click on Online Professional Licensure Search.

NO APPLICATION FEE REFUND

The fee for this application is non-refundable.

RETURNED CHECK POLICY

A charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208). Any further payments will need to be paid by money order or certified check.

CHANGE OF ADDRESS NOTIFICATION

You should know that you are required by regulation to report all changes of your business or residence address to the Board within 30 days. Failure to do so is punishable by a \$100 fine. HRLA will update the address change in your database record. Requests for address change should be emailed to dc.bon@dc.gov. Without an updated mailing and/or email address, you may not receive your renewal notice.

LICENSURE RENEWAL

RN/APRN licenses expire June 30th of even numbered years and LPN licenses expire June 30th of odd numbered years. Your initial license will be valid for the balance of the current renewal cycle. The renewal fee will not be prorated. You will be sent a renewal reminder approximately three (3) months before the expiration of your license. Upon completion of your licensure renewal, your license will be renewed for a two-year period.

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CONTINUING EDUCATION REQUIREMENTS

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|--------|---|
| RNs: | 24 Continuing Education Hours |
| APRNs: | 24 Continuing Education Hours (Must include a minimum of 15 contact hours in a continuing education program that includes a pharmacology component) |
| LPNs: | 18 Continuing Education Hours |

ANY OF THE FOLLOWING METHODS OF COMPLIANCE MAY BE UTILIZED

All documents must reflect a date within two (2) years preceding application date

CONTACT HOUR OPTION

May be used if you have completed a continuing education offering(s)

DOCUMENTATION NEEDED

An original verification form from the accredited continuing education organization

ACADEMIC OPTION

May be used when you have completed a course leading towards a degree in nursing or any academic course relevant to the practice of nursing

DOCUMENTATION NEEDED:

Attach a copy of your transcript; or
End of the semester report.

TEACHING OPTION

May be used if you have developed and taught a course or educational offering approved by board approved accrediting body. You will be awarded four (4) Contact Hours for each approved contact hour. *[Please note: This is not an option for nurses required to develop and teach continuing education courses as a condition of employment].*

DOCUMENTATION NEEDED

Verification form indicating your name, the name of the accrediting body and the number of contact hours; or
Letter from an accrediting body acknowledging their approval of your course

AUTHOR OR EDITOR OPTION

Author of a book chapter or peer reviewed article (if the manuscript has been published or accepted for publication during the period for which credit is claimed) or editor of a book during the renewal period. Twenty-four (24) Contact Hours Awarded

DOCUMENTATION NEEDED

Letter of acceptance; or

Copy of title page of book or article (for articles, include name of journal, if not indicated on the title page); or

Copy of page listing you as editor

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**DISTRICT OF COLUMBIA BOARD OF NURSING RECOGNIZED
ADVANCED PRACTICE REGISTERED NURSE CERTIFICATION PROGRAMS**

| | | |
|---------------|--|---|
| AACN | American Association of Critical Care Certification Corporation | |
| | AACNS-N | Neonatal CNS wellness through acute care |
| | ACCNS-P | Pediatric CNS wellness through acute care |
| | CCNS-AG | Adult/Gero CNS wellness through acute care |
| | AG-ACNPC | Adult/Gero Acute Care CNP |
| AANPCB | American Association of Nurse Practitioners Certification Board | |
| | NP-C | Family Nurse Practitioner |
| | NP-C | Adult Nurse Practitioner |
| | NP-C | Adult/Gero Primary Care Nurse Practitioner |
| AMCB | American Midwifery Certification Board | |
| | CNM | Certified nurse midwife |
| ANCC | American Nurses Credentialing Center | |
| | ACNP-BC | Acute Care Nurse Practitioner |
| | AGACNP-BC | Adult/Gero Acute Care Nurse Practitioner |
| | AGPCNP-BC | Adult/Gero Primary Care Nurse Practitioner |
| | FNP-BC | Family Nurse Practitioner |
| | PPCNP-BC | Pediatric Primary Care Nurse Practitioner |
| | ANP-BC | Adult Nurse Practitioner |
| | GNP-BC | Gerontological Nurse Practitioner |
| | PMHNP-BC | Adult Psychiatric Nurse Practitioner |
| | PMHNP-BC | Family Psychiatric and Mental Health Nurse Practitioner |
| | PMHCNS-BC | Child/Adolescent Psychiatric Mental Health CNS |
| | ACNS-BC | Adult Health CNS |
| | PCNS-BC | Pediatric CNS |
| NBCRNA | National Board on Certification and Recertification of Nurse Anesthetists | |
| | CRNA | Certified Registered Nurse Anesthetist |
| NCC | National Certification Corporation | |
| | WHNP-BC | Women's Healthcare Nurse Practitioner |
| | NNP-BC | Neonatal Nurse Practitioner |
| PNCB | Pediatric Nursing Certification Board | |
| | CPNP-PC | Pediatric Nurse Practitioner Primary Care |
| | CPNP-AC | Pediatric Nurse Practitioner Acute Care |

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DISTRICT OF COLUMBIA BOARD OF NURSING

LICENSE TYPE:

FEE (Non-refundable)

- | | |
|--|-----------------|
| <input type="checkbox"/> Reinstate expired RN/LPN | <u>\$230.00</u> |
| <input type="checkbox"/> Reinstate expired APRN License and authority | <u>\$348.00</u> |
| <input type="checkbox"/> Reinstate expired APRN authority (only), DC RN license must be active | <u>\$230.00</u> |
| <input type="checkbox"/> Reactivate (Inactive License) | <u>\$34.00</u> |

PAYMENT: Make check or money order payable to **DC Treasurer** and mail along with this application to:

D.C. Board of Nursing
P.O. Box 37802
Washington, D.C. 20013

Please complete and **submit the original application and any supporting documents**. If more space is needed to fully answer questions, attach additional sheets with typed responses. False or misleading statements may be cause for disciplinary action. If you have any questions **email: dc.bon@dc.gov**

EXPIRATION: **RN licenses expire June 30th of even-numbered years**
LPN licenses expire June 30th of odd numbered years

APPLICANT INFORMATION:

LEGAL NAME: If your name has changed provide a copy of a legal name-change document (marriage certificates, divorce decrees, or court orders).

Prefix (Ms., Mrs., Mr., etc.):

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First Name:

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Last Name:

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Suffix (Jr., Sr., etc.)

Date of Birth:

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Social Security Number:

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GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH – HEALTH REGULATION & LICENSING ADMINISTRATION

APPLICATION FOR LICENSURE BY REINSTATEMENT OR REACTIVATION

UPDATE HOME ADDRESS OR LOCAL/MAILING ADDRESS: (All official correspondence will be mailed to this address.) **You are statutorily required to notify the Board in writing within 30 days of an address change. Failure to do so may result in non-receipt of a license, renewal notice or other official notices and can result in a disciplinary action or a fine.**

Street Number and Street Name:

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Apartment/Suite Number:

City:

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UPDATE BUSINESS OR MAILING ADDRESS: (This address will be made available to the public)

Street Number and Street Name:

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Apartment/Suite Number:

City:

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State/Province/Territory/Jurisdiction:

ZIP:

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**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH – HEALTH REGULATION & LICENSING ADMINISTRATION**

APPLICATION FOR LICENSURE BY REINSTATEMENT OR REACTIVATION

LICENSURE STATUS REINSTATEMENT

Reinstatement of license **expired less than a year**. You must:

- Provide proof of having met CE requirements. Contact Hours: APRNs: 24; RNs: 24; LPNs: 18, completed within two (2) years immediately preceding the date of this application.

Reinstatement of license **expired 1- 5 years or greater than 5 years with an active license in another jurisdiction**. You must:

- Provide licensure verification.
- Provide proof of having met CE requirements. Contact Hours: APRNs: 24; RNs: 24; LPNs: 18 completed within two (2) years immediately preceding the date of this application date.

Reinstatement of license **expired more than 5 years** for applicants who do not have an active license in another jurisdiction. You must:

- Submit evidence of having completed a nurse fresher course

APRNS please note: Following the reinstatement of your active licensure status you may renew your Controlled Substances Registration (CSR) at www.hrla.doh.dc.gov or (<http://doh.dc.gov/node/155142>)

REACTIVATION TO ACTIVE STATUS

A RN or LPN on inactive status may reactivate their licensure status by submitting:

- Evidence of having met the board's continuing education requirement (LPN -18, RN-24) completed two (2) years immediately preceding application date.
- APRNs only: Request verification from certifying body regarding current certification status

VERIFICATION OF LICENSE

Verification of licensure status must be received from your **original jurisdiction of licensure** and current jurisdiction of licensure, if your original jurisdiction of licensure is not active, via:

NURSYS Verification: www.nursys.com.

NON-NURSYS Verification: If your licensure Board does not verify licensure status via NURSYS (Alabama; California; Kansas; Louisiana-PN; Oklahoma; West Virginia-PN) contact them to request documentation verifying your licensure status be emailed to dc.bon@dc.gov

Verification of APRN certification (See list of recognized Certification Programs below)

Ask certifying body to email verification of your current APRN certification to Nicole.Scott@dc.gov, Melondy.Franklin@dc.gov, or dc.bon@dc.gov

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
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APPLICATION FOR LICENSURE BY REINSTATEMENT OR REACTIVATION

STATE and FBI CRIMINAL BACKGROUND CHECK (CBC) COMPLIANCE

ALL APPLICANTS ARE REQUIRED TO HAVE COMPLETED A STATE CBC AND FBI CBC WITHIN 4 YEARS PRIOR TO SUBMITTING THIS APPLICATION.

- **If you have completed a CBC for DC licensure or your licensing board appears on the list below**, and you **have had** a State CBC and FBI CBC **within the last 4 years**, please fill in the date(s) that you completed the State CBC and FBI CBC. You will not be required to complete another CBC.
- **If your licensing board does not appear on the list below**, or you **have not had** a State CBC and FBI CBC completed **within the last 4 years**, access MorphoTrust at www.L1enrollment.com or call 1-877-783-4787 to pay fee and schedule an appointment to have your CBC completed.

| Board | Date State CBC Completed | Date FBI CBC Completed |
|-------|--------------------------|------------------------|
| AL | | |
| AR | | |
| AZ | | |
| CA-VN | | |
| DE | | |
| FL | | |
| GA | | |
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| IN | | |
| KS | | |
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**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH – HEALTH REGULATION & LICENSING ADMINISTRATION**

**APPLICATION FOR LICENSURE BY REINSTATEMENT OR REACTIVATION
SCREENING QUESTIONS**

Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form Requirement

Please read the information below carefully before responding to this “yes or no” question, as any false information provided requires the Department of Health to proceed immediately to revoke your License for which you are now applying, and fine you one thousand dollars (\$1,000.00), pursuant to D.C. Official Code § 47-2864 (2001).

PLEASE NOTE: Pursuant to D.C. Official Code §47-2862(a) (FY 2007 Budget Support Act of 2006) you cannot be issued a license if you have failed to file your District tax returns.

As of this date, do you owe more than one hundred dollars (\$100.00) to the District of Columbia Government as a result of any of the following:

1. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 8, Chapter 8 (Litter Control Administrative Act of 1985);
2. Fines or interest assessed pursuant to D.C. Official Code Title 8, Chapter 9 (Illegal Dumping Enforcement Act of 1994);
3. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 2, Chapter 18 (Civil Infractions Act of 1985);
4. Past due taxes;
5. Past due District of Columbia Water and Sewer Authority service fees; or
6. Fines or penalties assessed pursuant to D.C. Official Code Title 50, Chapter 23 (Traffic Adjudication)?

_____ YES* _____ NO

***IF YOU ANSWERED “YES” to this question, please submit proof of the arrangements you have made to pay the outstanding debt. If you do not have an approved payment schedule to pay the amount you owe or if no appeal is pending, the law requires that your application be denied.**

Information presented above is in compliance with the requirement to submit with your application for licensure under the Clean Hands Before Receiving a License or Permit Act of 1996, effective May 11, 1996 (D.C. Law 11-118, D.C. Code §47-2861 et seq.)

Applicants Must Answer All of the Following Questions. If you answer “Yes” to any of the following questions provide a detailed explanation on a separate sheet of paper. Submit copies of relevant court reports, personnel actions, and actions taken against your license or other relevant documents.

- A. Have you suffered from any disability or used any drug(s) to such an extent that it has impaired your ability to practice your profession? ___ YES ___ NO
- B. Have you ever been convicted or arrested for a crime or misdemeanor (other than a minor traffic violation)? ___ YES ___ NO
- C. Please answer with respect to DC or any other jurisdiction/state: ___ YES ___ NO
- (1) Have you withdrawn an application to practice your profession or voluntarily surrendered a license after formal charges have been filed against you or while under investigation?
- (2) Has any authority or peer review board taken adverse action against your license or privileges or informed you of any pending charges not previously reported to this Board?
- (3) Have you been (or are you currently being) investigated by any authority or peer review board for any violation of state, federal, or local law?
- (4) Has any authority or peer review board informed you of any pending charge(s) or investigation not previously reported to this Board?
- (5) Have you voluntarily surrendered your license?
- (6) Have you ever surrendered your clinical privileges or had your clinical privileges denied, revoked or suspended at any hospital or health care facility?
- D. Have you been party to a malpractice action or had a malpractice action brought against you? ___ YES ___ NO
- E. Have you been terminated from or resigned from a clinical or professional training program due to unsafe practice? ___ YES ___ NO

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APPLICATION FOR LICENSURE BY REINSTATEMENT OR REACTIVATION

LICENSEE AFFIDAVIT

I hereby attest that the information given in this application, including all writings and exhibits attached hereto, is true and complete to the best of my knowledge. I understand that the making of a false statement on this application, including all writings and exhibits attached hereto, is punishable by criminal penalties.

PRINT NAME

DATE

LICENSEE SIGNATURE

PLEASE NOTE: PRINT AND MAIL ORIGINAL APPLICATION TO THE BOARD OF NURSING AND RETAIN A COPY FOR YOUR FILES.

Your application along with any required supporting documents must be mailed in the same package to:

**D.C. Board of Nursing
P.O. Box 37802
Washington, D.C. 20013**

REPORT FRAUD, WASTE AND ABUSE: To report fraud, waste, or abuse within the District government, contact the DC Office of the Inspector General's hotline by phone at 1-800-521-1639 (toll free) or 202-724-TIPS (8477), by email at hotline.oig@dc.gov, or by TTY at 711. For additional information, visit the Office of the Inspector General's website at oig.dc.gov.

IMPORTANT CONTACT INFORMATION

District of Columbia Health Regulation and Licensing Administration

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| Mailing Address: | District of Columbia Board of Nursing P.O. Box 37802 Washington, D.C. 20013 |
| Application Processing Center: | District of Columbia Department of Health 899 North Capitol Street, NE, 1st Floor Washington, DC 20002 |
| Check Application Status: | https://app.hrla.doh.dc.gov/Weblookup/ |
| Website: | hrla.doh.dc.gov |
| Board of Nursing Email: | dc.bon@dc.gov |
| Criminal Background Check Unit Email: | doh.cbcu@dc.gov |